Abstract

Objective: To investigate the general public's perceptions of the community pharmacist's (CP) role in Wales by exploring understanding, awareness of services provided and potential interventions for promoting the role of CPs. Methods: Qualitative methodology using focus group (FG) discussions exploring opinions, facilitated by a moderator (pharmacist) and an assistant. Topics discussed included: what a CP does; reasons for visiting; from whom they seek advice on medicines or lifestyle issues; use of traditional and newer services and promotion of services. The groups, totalling 32 participants, represented non-users and users of pharmacy services, i.e. pupils from a local secondary school (x1 group), people from the local community (x3), and patients plus carers from a Parkinson's disease group (x1). FG discussions were recorded and transcribed verbatim and analysis was undertaken to identify themes. Key findings: Traditional dispensing and supply of medicines roles were clearly recognised, but poor awareness of the newer services emerged, particularly in public health roles. CP's professionalism was acknowledged, but there was confusion over where they 'fit' within the National Health Service (NHS) or with General Practitioners (GPs), with concerns or misconceptions raised over the impact of commercialism on professionalism. Conclusions: Based on these findings, the public is accepting of the extended role of CPs and would engage with CPs for a wider range of services. However, there is a lack of awareness of what public health services are available. Considerable work is needed to increase public awareness, during the strategic development of these services in Wales

Introduction

In the United Kingdom (UK) the role of the community pharmacist (CP) includes dispensing medicines, clinical services as well as wider public health roles. Traditionally the role of the (CP) in the UK has been based on a funding model which revolves around the supply of medicines. Changes in health policy and the introduction of contractual frameworks during the last decade have resulted in the implementation of new services to make better use of CPs' skills and knowledge.[1,2]

The first pharmacy contractual framework was launched in 2005 in England and Wales (with similar services also available in Scotland). It consists of three different service levels: Essential, Advanced and Enhanced.[1] This includes services such as disposal of unwanted medicines; promotion of healthy lifestyles; signposting (referral to other sources of professional or alternative providers for support); medicines use review (MURs); discharge medication review (DMR) (Wales only); new medicine service (NMS) (England only); and vaccination services. The aim of the new contract was to make better use of the skills and expertise of CPs and their staff; to promote community pharmacies as an integral part of the NHS organisation; support healthcare and tackle health inequalities; and support self-care [2].

More recent policies also indicate that the integration of CPs into the multidisciplinary health care team is essential [3-6] and the development of services within UK community pharmacies is cited as critical to the management of a more 'community' rather than 'hospital' based National Health Service (NHS) system. [4]

However, little is known about the public perception of either the traditional or newer CP roles. One reason for this is that much of the research has concentrated only on the views of those who use pharmacy services as opposed to the general public who may have had little or no experience of accessing community pharmacies. Key to the successful implementation of any policy development for the expansion of community pharmacy services and public health roles is to collect evidence on the views, not only of service users, but also of the general public. If opportunistic screening and health related services are to reach those who may not have considered accessing health interventions from a community pharmacy in the past, then we need to understand what factors are barriers or facilitators to doing so.

Research conducted before the 2005 pharmacy contract framework was introduced [7] found that the public were confused about the relationship between the role of the CP and the

patient's General Practitioner (GP). The authors concluded that there is a need to promote services to the public in order to improve uptake and allow services to develop. In 2007, a national evaluation of the new pharmacy contract [8] found that customers strongly related to CPs as the providers of information and support regarding medicines, and that they would also use the pharmacy for treatment advice for minor illnesses. Research carried out in 2007 on the provision of the MUR service in Wales [9] concluded that there was a need to consider both local and national advertising campaigns to improve public awareness of the service. Other aspects highlighted as potential barriers to the uptake of MURs in this study were the public's perception of the professionalism of CPs, and clarity about their role in the provision of public health promotion services. These issues were explored further in studies conducted in the UK and also Sweden. [10-14] A systematic review conducted in 2011 [10] investigated CP and consumer attitudes to the role of CPs as providers of public health advice. They found that service users felt they rarely received public health services from CPs and were unsure whether or not CPs had the expertise to perform such a role. However, those who had experienced public health advice from CPs were generally satisfied with the service. A review of the literature by Agomo in 2012 [11] on the role of the CP in public health identified three studies on the theme of pharmacists' perception of their role in public health, and also cited research conducted in 2004 by Blenkinsopp et al [12] and Anderson et al, [13] into users' attitudes to this role. Other non-UK based studies have also found that what the public expect of pharmacy services varies greatly [14]

In 2012, Gidman et al [15] presented the findings of a study to explore public experiences and opinions of pharmacy services in Scotland. This is one of a few studies which address the views of the general public rather than service users. They found that although there has been expansion of the role of CPs, many members of the public still preferred to access their GP for services. They concluded that improved communication and information sharing between the GP and CP is essential to support development of pharmacy led services.

In summary, apart from work carried out by Williamson et al[7], Blenkinsopp et al[8,12] and Gidman et al[15], research relating to the role of CPs has largely been aimed at service users. Since a member of the public is not likely to become a service user unless they are aware of or understand where and how that service is delivered, an important research area has been missed. This is one of very few studies to focus on the general public's attitudes towards the role of CPs and the first to do so in Wales.

Therefore, the aim of this study was to investigate the general public's perception of the CP's role in public health.

Objectives:

1. To explore the public awareness of the role of the CP
2. To establish what influences the public's awareness of the CP's roles and to identify which services provided by CPs the public are currently accessing.
3. To explore which services the public would use when made aware of their availability.
4. To canvas opinion on the potential interventions for raising public awareness of the role of CPs and the services offered by them.

Method

Study design

A qualitative cross-sectional study adopting focus group (FG) methodology to explore the public's perceived role of the CP, their reasons for visiting a pharmacy, from whom they seek advice from on medicines or lifestyle issues, their awareness of traditional or newer pharmacy services and their views about the promotion of services.

Ethics

Ethical approval was gained from Cardiff School of Pharmacy and Pharmaceutical Science, Cardiff University and focus group participants were recruited following informed consent. All data were anonymised and all information collected stored confidentially and securely.

Settings and participants

Participants were from a wide range of backgrounds – urban, village and rural and because they resided close to the Wales / England border it is worth noting that they could have accessed pharmacy services in both countries.

Recruitment

Recruitment took place within a ten-mile radius of a large urban town in North East Wales, using quota sampling to identify four different social groups (i.e. sixth-form pupils from a local secondary school, a young adult group, an older adult group, and a local community group) to represent the general public. In addition participants were recruited from one service user group (i.e. patients and/or carers from a Parkinson's disease organisation). Initial contact was made to the relevant 'lead' for each group. This included the Head teacher of the local secondary school, and communication lead for the joint voluntary organisations in the nearest town and village community groups. The leads recruited participants from their members and participant information letters and consent forms were passed on to participants via these lead contacts. Groups of six to eight people were recruited to take part in each focus group, using a purposive sampling approach to obtain a broad range of demographic characteristics.

Exclusion criteria were under the age of 16 years, learning disabilities or communication difficulties due to the complexity of consent issues and practical issues of running focus groups with such participants.

Topic guide

A topic guide was designed by the researcher (who has many years' experience working as a community pharmacist and delivering public health roles). It was also informed by the limited literature[7-13] in this area and reviewed by a pharmacist with extensive practice research experience. The topic guide was piloted by four individuals who were members of the public and known to the researcher, no changes were made as a result of the piloting. The guide sought to explore views about a) what does a CP do, b) reasons for visiting, c) where they go to seek advice about medicines and lifestyle issues, d) experience of using pharmacy services (using open questions – inductive approach) and opinions about the promotion of services (after being made aware of them - deductive approach using mainly closed questions).

Data collection

Focus groups were conducted between May-June 2012 and were facilitated by a moderator (pharmacist lead researcher) and an assistant. Participants were allocated a code for identification and to maintain confidentiality. Gender, age and socio-economic group (based on the categories adopted by standard market research agencies) were also noted. [16] All FG discussions were recorded and transcribed verbatim. During the latter part of the FG discussion, to aid the discussion, participants were informed via a handout of the range of services offered by CPs, for example: Disposal of unwanted medicines; Promotion of healthy lifestyles; Signposting; Medicines Use Reviews (MURs); Discharge Medicine Reconciliation (DMR) (Wales); New Medicine Service (NMS) (England); and vaccination service. A mixture of deductive and inductive analysis was undertaken depending on the stage of the focus group.

Analysis

Transcripts were manually analysed by coding the text to identify themes followed by a code and retrieve method of analysis. This allowed patterns, common themes and differences between the data collected from each group to be identified. The lead researcher analysed the transcripts and these were quality assured for accuracy by the research assistant. Transcripts were also reviewed by the project supervisor to confirm identification of appropriate themes.

Construction of the themes was achieved by observing the patterns or clusters of data with similar meaning as is characteristic of the qualitative research paradigm. [17]The themes were tabulated to identify the broad patterns, or themes, which emerged and then re-categorised into more specific thematic groups, or sub themes. Data within each group and between each group were compared and contrasted to enhance the interpretation of findings. After each FG was conducted there was a debriefing between the Moderator and assistant. Transcripts were produced and reviewed for initial analysis before the next FG was conducted. This maximised the reflexivity of the researcher in the process.

Results:

In total, there were 32 participants across five focus groups; 14 were male and 18 females, ranging from 16 to 81 years of age. Apart from the school pupils and university students (n= 9), the majority of the sample were in the B, C1 & C2 socio-economic groups (B - Intermediate managerial, administrative, professional ; C1 - Supervisory, clerical, junior

managerial; C2 - Skilled manual workers). All participants were of White British ethnicity. Table 1 shows the demographic characteristics of focus group members for each group.

Insert table 1.

Five main themes emerged from the data, Table 2 presents these and their sub-themes. These were: the CP's role, professionalism, commercialism, reasons for visiting, and accessibility.

Insert table 2.

Theme 1: CP's Role

There was variation between the groups in what they understood by the term 'community' when applied to pharmacists. The use of the title 'Chemist' or 'Pharmacist' varied across participants. Amongst the school pupils the use of the term 'Chemist' tended to be influenced by what their parents used but they were quite happy using the term Pharmacist. Participants in the groups representing the 'older' generation acknowledged that the term 'Chemist' was more familiar to them but they also felt comfortable switching between the two words.

There was a strong awareness of the dispensing role of CPs across all the groups, checking dosage, and the storage and distribution of drugs were mentioned as being part of the role. The important role of the CP in being alert to adverse reactions or interactions when dispensing prescriptions also emerged.

The participants were also aware of the CP's role in giving advice and answering queries; in ensuring prescriptions issued by doctors were safe, and monitoring for interactions between prescribed or purchased medicines.

> *'I think a pharmacist is more likely to have a – a better working knowledge of what different drugs do than necessarily a doctor.'* (*YF1)*

and

> '*Isn't it the Pharmacist's job to – also – like – check- that – it's been the correct dosage and -for something that the doctor has prescribed? To ensure like – just to ensure the safety of – um – the patient, and to ensure that the doctor hasn't made a mistake – just to check over it-also*' (SF4)

Participants commented that they would use the CP as the 'first port of call' for medication advice and acknowledged that they perceived them as well qualified, specialised or experts in drugs.

However, there was very little awareness of the public health role of pharmacists.

> *'...I mean they've got the products in their shop but you wouldn't assume they know much about nutrition or anything like that.'* (*SM4)*

Rather than asking advice on dieting, purchasing diet products was the main link that participants made with pharmacies. It was felt that CPs should be promoting healthy eating rather than diet products, and this was of particular concern to the younger participants.

> *'And I think that is a little bit of a point as well [((YF1) definitely for me] to me- because it- make out as if - well they're pushing a faddy diet thing in the win laid out in their window there. I'm not really going to trust them about – a healthy-options...'* (*YM1)*

Also:

> '*whereas instead they could promote like – what's that- Eat for um- is it Eat Healthy for life or something'* (*YF2)*

Although participants were generally unaware of the support already available from CPs for people suffering from chronic conditions, explanation of the service and the ensuing discussions around the MUR, DMR and NMS services produced the following feedback.

> *' I - I can see if you had a long term – the fact that you would be at – the doctors- quite often, [M: yes].Sort of – the pharmacy would- help out in that respect.[M: So like a backing up for the doctors?]Yeah. Well- a balancing out the NHS services isn't it?'* (*YM2)*

Theme 2: Reason for Visiting a Community Pharmacy

Participants had some experience of using the dispensing services and seeking advice and answering queries as described earlier; however, the purchase of a range of products was also discussed, including Over The Counter (OTC) medicines, toiletries and other products.

Theme 3: Professionalism of the CP

The role of CPs as being 'professional' was recognised with a strong belief in the CPs' knowledge and understanding on medicine related issues.

> *'-Highly qualified – in -like- their knowledge of drugs – so – they can obviously give you- um – instructions – and um – what's the word? [K: advice]? – advises-on drugs- and –'* (*SM1*)

There was some variation in how the link between CPs and the NHS was perceived. The link between being *paid* by the NHS was being used as a criterion on which to judge whether or not the pharmacist has a *role* in the NHS.

> *'How can it be part of the NHS as a private enterprise? For dispensing and being paid by the NHS surely?'* (*V2F1)*

Participants across the five groups expressed the belief that a pharmacy being linked in some way to a GP surgery gave them the feeling that the CP would operate with a greater level of professionalism. There seemed to be a general assumption that CPs and GPs worked closely together.

> *'I think you think that the pharmacies that are like attached to the GP surgeries they'd have more expertise -in- like those – in like - drugs and stuff like that- in comparison with something like say [name of commercial company]which sells like not just drugs, but it sells hair products, something you can use in the bath - like just more of a general store in comparison to a pharmacist –'(SM3)*

Members of the school group commented that they felt that CPs working in large multiple pharmacies or supermarkets were less well trained, less trustworthy and were not perceived as highly professional as the CPs working in smaller pharmacies or those attached to surgeries.

> *'So they're just trying to er - sell more- make more money, rather than like a local pharmacist which is actually trying to help people.'* (SM2)

When asking other pharmacy staff about minor queries they could be confident that the staff, if unable to answer fully, would refer to the CP if necessary and major queries would be directed by staff straight to the CP. Concerns over privacy were also expressed.

Theme 4: Commercialism

The potential conflict between commercial pressures and altruism or professionalism emerged as a theme. There was a perception that pharmacies 'linked' to GP surgeries had less of a retail role than other types of pharmacies and therefore were not as commercially biased.

> *'I think you think that the pharmacies that are - attached to the GP surgeries they'd have more expertise -in- those – in - drugs and stuff like that- in comparison with something- say [name of commercial company]which sells not just drugs, but it sells hair products, something you can use in the bath – just more of a general store in comparison to a pharmacist'* (SM3)

Different attitudes existed to CPs working in large multiples and supermarket pharmacies because of commercialism, where the latter were considered to be less professional and less qualified. In contrast, the smaller pharmacies were thought to be less commercially biased and therefore more caring, more professional and more available to them for personal support and advice. As shown by the following quote:

> *'But the er – I think the local pharmacist listens to you ...'* (PM3)

Concerns were expressed about the use of generic medicines or variation in the appearance or name of the dispensed items. Participants thought that this may be related to commercial pressures.

Theme 5: Accessibility

Accessibility was a very important influencing factor when choosing CPs for advice and to answer queries. It was commented that it is much more convenient for participants to speak to their CP or access the products for treating minor ailments than getting an appointment with the GP.

> *'Someone- someone to see who's quicker to see than your doctor...'* (PM2)

The difficulty in gaining an appointment with the GP, and the long waiting time incurred when waiting for an appointment was mentioned across the different groups.

The use of a particular pharmacy seemed to be influenced by whether it was local to where they lived.

Awareness of Community Pharmacy Services

There was variation in the level of awareness of pharmacy services, yet groups expressed interest and enthusiasm for the range of Advanced level services available when informed about them.

'No-not heard of it [DMR] but- I like the idea a lot.' (YF1)

and:

' No I hadn't heard of it but it- does sound- just like common sense'(YM3)

A comment was made during the Parkinson's focus group when discussing the DMR:

'something that's been needed for a long time...' (PM3)

Of the Enhanced services, vaccination and minor ailments generated the most discussion and participants felt these were services they would access in the future.

Promotion of CP's Role

It was commented on that CPs and GPs should do more to promote services and inform the public about what is available, with leaflets and signs being the most commonly suggested method. It was also felt that 'Government' had a responsibility to promote the role, particularly around public health/ health promotion services.

'Well you could have – like I said before – Public Information films on TV Most doctors surgeries have um – TV – the TVs- So they could) put it in there sort of thing' (PM3)

and

'Also maybe you could get GPs to make people more aware of them-- because obviously people are obviously always going to see the GP. The GP could always suggest to them that you could actually go to a

pharmacist – which would be a lot quicker and a lot more convenient for you– so- '(SM3)

DISCUSSION

The aim of the study was to investigate the general public's perception of the CP's role in the UK and this was largely achieved. The following five broad themes were identified to capture the public's views these were - the CP role, reason for visiting, professionalism of CP, commercialism and accessibility. Of these themes, the CP role, and reason for visiting closely resemble the seeding questions in the topic guide, however, the other three themes were not associated with seeding questions.

The public represented by the focus groups in this study were largely unaware of the full role of the CP. During discussions they were supportive of the extended role of CPs and would engage with the profession for a wide range of services.

Strengths and limitations

The use of focus groups as a research methodology proved very successful in generating discussion with a number of participants. However, it is acknowledged that those interviewed were from a limited demographic sample. (i.e. white ethnicity and from one part of North Wales). Further research is needed in different geographical locations within the UK in order to include non-white ethnic groups, individuals in the 25 to 50-year-old age group and more diverse, socio-economic groups.

With benefit of hindsight it might have been helpful to have collected some data on whether participants had experienced an interaction with a CP as this might have influenced their responses.

The moderator was an experienced community pharmacist and the relationship between the participants and this researcher may have been influenced by the 'professional' title. This could have affected the way they responded in the focus group. However, during analysis the induction of themes was quality assured for accuracy by the research assistant and reviewed by the project supervisor to reduce the influence the lead researcher's professional role might have had on the interpretation of data.

The methodology adopted was qualitative in nature, and as such these findings may not be representative of the views of the general public as a whole. It is acknowledged that the data were collected in 2012 and since then the different pharmacy roles may have started to become more embedded in the public's awareness; however, there is no evidence to support this as yet. This study used a small sample of participants, as indeed did the Gidman study,[15] however, the sample was purposively selected in an attempt to represent the general public. Further FGs to recruit participants to cover all parameters of age, socio-economic groups and ethnic populations would not only enhance the sampling framework, but also help to ensure that no new themes emerged.

The participants demonstrated some knowledge of the traditional roles of CPs, yet little awareness of the newer services, particularly with regards to public health roles. Nevertheless, once participants were aware of these services, they seemed to accept their value and welcomed more information about them. The professionalism of the CP was acknowledged, but there was confusion over where they 'fit' within the NHS and their relationship with GPs. The findings of this qualitative study support the need for better marketing of the different services offered by CPs, with future publicity campaigns designed to address any misconceptions about professionalism and commercial issues.

It is interesting to note that similar issues around working with other medical professions were also identified in a recent Canadian study. [18] Since the present study was conducted, other work carried out in Australia [19] and Scotland, [15] explored public opinions on the role of CPs and the determinants influencing pharmacy choice. Both studies indicated that although community pharmacies were perceived to provide convenient access to the public for supply of medicines plus advice and treatment of minor ailments, the GP was favoured for serious or chronic conditions management. They also concluded that the preferred location of the pharmacy was away from a supermarket or large store when seeking these more specialised services.

Implications and recommendations

In order for the extended role of the CP to be maximised, several issues need to be addressed to include: raising public awareness and promotion of pharmacy services; dealing with misconceptions surrounding professionalism; and more equality around access to services. .

The professionalism of CPs was questioned with regards to the potential conflict between a commercial and professional role and needs to be addressed as a matter of priority. Whilst the two can co-exist this may not be necessarily what the public perceive and they need further clarity on this. The data suggest that urgent attention needs to be given to providing the public with some clear awareness about what the role of the CP is, how it relates to the GP's work and how they communicate with each other.

The accessibility of CPs was a positive influence for participants when considering factors which affect the uptake of services offered by CPs. It was interesting to note that many were unaware of the availability of a consultation room in many community pharmacies. Although access to services needs to reflect the pharmaceutical needs of the local population, variation in what services are offered by which CPs can sometimes be confusing to the general public. There can even be inconsistencies within the same pharmacy where staff accredited to deliver these services may not be available at all times. Equally important is the need to ascertain *where* the public want to access these developing services since supermarket or multiple pharmacy chains were not the preferred setting in this study. [19]

Furthermore, there is a need to identify gaps in the public's understanding and awareness of the role of the CP if they are to utilise the CPs role in public health and other health promotion activities.

CONCLUSION

In conclusion, this study has revealed a possible mismatch between the actual services on offer and what the public perceive to be available from a community pharmacy. This was particularly evident with the newer public health roles.

Based on these findings, the public is accepting of the extended role of CPs and would engage with the profession for a wide range of services. However, there is currently a lack of awareness of what services the public can expect from the CP. In order to make the best use of resources in providing services to the public further research is needed to investigate the general public's awareness of the CP-led services already being provided and type of setting in which they want the service provided. This study should be extended by conducting further FGs in order to explore views of other individuals to include different demographic groups. Moreover, there is a need to see if these views are representative of the wider

population, and therefore can be generalised, by conducting a quantitative, questionnaire based study.

This research could also have wider implications for translation of health policy into practice throughout the UK and globally.

Considerable work is needed to increase public awareness and understanding during the strategic development of services, contract design and service specification. This design must also address the issue of the pressure that commercialism may have on the provision of a robust professional service, so that pharmacists are able to exert their full professional and clinical expertise.

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Table 1: Characteristics of Focus Groups Participants (n=32)

Focus group code	Participant code	Age (in years)	Gender	Socio – Economic Group	Duration (hours. minutes)
V1 Location - Function room in a village pub	V1F1	52	F	C1	1.14
	V1F2	76	F	B	
	V1F3	68	F	C1	
	V1F4	68	F	B	
	V1F5	48	F	C2	
	V1M1	75	M	C1	
	V1M2	54	M	B	
S Location- School study room	SF1	17	F	All sixth form school pupil	0.55
	SF2	17	F		
	SM1	17	M		
	SM2	16	M		
	SM3	17	M		
	SM4	18	M		
P Location- Salvation Army room	PF1	67	F	C1	1.54
	PF2	78	F	B	
	PF3	68	F	B	
	PF4	81	F	C1	
	PM1	68	M	B	
	PM2	60	M	B	
	PM3	63	M	C2	
V2 Location- As V1	V2F1	66	F	C1	1.33
	V2F2	56	F	C2	
	V2F3	75+	F	B	
	V2F4	65	F	C1	
	V2F5	67	F	B	
	V2M1	57	M	B	
	V2M2	72	M	A	
Y	YF1	30	F	C2	1.08

Location -	YF2	20	F	University student	
As V1	YM1	25	M	D	
	YM2	20	M	University Student	
	YM3	20	M	University student	

Key: V1- First Village group. S- School group. P- Town group sourced from Parkinson's' Society. V2- Second Village group. Y- Young adult group. M-Male. F- Female. Socio-economic groups A-E based on standard Market Research tools.

Table 2: Themes and Sub-themes

Theme no.	Theme name	Sub-theme number	Sub-theme name
1	Community pharmacist role	1.1	Dispensing
		1.2	Prescription Medicine query/advice
		1.3	Purchased Medicine query/advice
		1.4	Healthy living query/advice
		1.5	Dietary query/advice
		1.6	Minor Ailment query/advice
		1.7	Chronic condition management
2	Reason for visiting	2.1	OTC purchase
		2.2	Toiletries purchase
		2.3	Other products
3	Professionalism of Pharmacist	3.1	Role as part of NHS
		3.2.	Professional behaviour
		3.3.	Professional knowledge
		3.4	Inter-professional relationships
		3.5	Relationship with public/patient
		3.6	Professionalism of staff
		3.7	Privacy

4	Commercialism	4.1	Generic medication
		4.2	Large multiples
		4.3	Supermarket pharmacies
		4.4	Small pharmacies
5	Accessibility	5.1	Convenience
		5.2	Location